

Under the Paperwork Reduction Act of 1995 no person is required to respond to a collection of information unless it displays a valid OMB control number

PTO/SB/17 (07-03)
Approved for use through 01/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.
Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	500.00
--------------------------------	-------------	---------------

Complete if Known

Application Number	09/961,113
Filing Date	September 20, 2001
First Named Inventor	David K. Ovard et al.
Examiner Name	Juan A. Torres
Art Unit	2611
Attorney Docket No.	MI40-336

RECEIVED
CENTRAL FAX CENTER
DEC 04 2006

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2948.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
				Fee (\$)	Fee (\$)	Fee (\$)
- 20 or HP =	x			50	25	
HP = highest number of total claims paid for, if greater than 20.				200	100	
Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180	
10 - 3 or HP =	1	x	\$200	\$200.00		
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof x Fee (\$)

- 100 / 50 = (round up to a whole number) x Fee (\$)

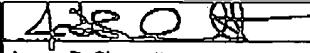
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Extension of Time (1 month): Supplemental IDS

\$300.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 39,833	Telephone 509/624-4276
Name (Print/Type)	James D. Shaurette	Date 12/4/06	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

RECEIVED
CENTRAL FAX CENTER

DEC 04 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 09/961,113
Filing Date September 20, 2001
Inventor David K. Ovard et al.
Assignee Micron Technology, Inc.
Group Art Unit 2611
Examiner Juan A. Torres
Attorney's Docket No. MI40-336
Title: "Modulators, Transmitters, a Radio Frequency Identification Device System, Carrier
Signal Suppression Methods and Methods of Communication in a Backscatter
System"

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office at (571) 273-8300 on the date shown below:

The following documents are enclosed:

1. Transmittal Form (PTO/SB/21) & Fee Transmittal (PTO/SB/017) in duplicate
2. Response to 8/03/2006
3. Supplemental Information Disclosure Statement and Form PTO-1449
4. Cited Reference (1)
5. Request for Extension of Time (1 month)

Dated: 12/4/2006

By: 

Natalie King
Telephone No. (509) 624-4276
Facsimile No. (509) 838-3424

NUMBER OF PAGES IN FACSIMILE: 28

RECEIVED
CENTRAL FAX CENTER

002/028

DEC 04 2006

PTO/SB/21 (09-06)

Approved for use through 09/31/2007, OMB 0851-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no patents are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/961,113
Filing Date	September 20, 2001
First Named Inventor	David K. Ovard et al.
Art Unit	2611
Examiner Name	Juan A. Torres
Attorney Docket Number	MI40-336

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Form PTO-1448; Cited Reference	
Remarks Customer No. 021587			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wells St. John, P.S.		
Signature			
Printed name	James D. Shaurette		
Date	12/4/06	Reg. No.	39,833

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature 

Typed or printed name

Natalie King

Date December 4, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0281-0282

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2005. Fee pursuant to the Consolidated Appropriations Act, 2003 (H.R. 4918). FEE TRANSMITTAL For FY 2006		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/981,113	Filing Date September 20, 2001
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor David K. Ovard et al.	Examiner Name Juan A. Torres
Attorney Docket No. M140-336		Art Unit 2611	RECEIVED CENTRAL FAX CENTER DEC 04 2006

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 23-0925 Deposit Account Name: Wells St. John, P.S.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) <input checked="" type="checkbox"/> Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fee Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**For Non-English**

Each claim over 20 (including Reissues)

<u>Small Entity</u>	<u>Fee (\$)</u>
---------------------	-----------------

50	25
----	----

Each independent claim over 3 (including Reissues)

200	100
-----	-----

Multiple dependent claims

360	180
-----	-----

Total Claims

<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
---------------------	-----------------	----------------------

<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>
----------------------------------	-----------------

	<u>Fee Paid (\$)</u>
--	----------------------

+ 20 or HP = x =

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
----------------------	---------------------	-----------------	----------------------

10	3 or HP	1	\$200
----	---------	---	-------

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
---------------------	---------------------	---	-----------------	----------------------

- 100 -	/ 50 =	(round up to a whole number) x		=
---------	--------	--------------------------------	--	---

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request for Extension of Time (1 month): Supplemental IDS

\$300.00

SUBMITTED BY

<u>Signature</u>	<u>4380</u>	<u>Registration No.</u> 39,833	<u>Telephone</u> 509/624-4276
<u>Name (Print/Type)</u>	James D. Shaurette	<u>Date</u> 12/4/06	

This collection of information is required by 37 CFR 1.139. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.